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PETITIO	N FOR EXTENSI	ON OF TIME UNDER :	Docket Number (Optional)						
/-		FY 2008	M0765.70044US01						
` .		olidated Appropriations Act,							
Application	n Number	10/526,579-Conf.	#3818	Filed	January 9, 2006				
For DELIVERY OF THERAPEUTICS TO THE BRAIN AND SPINAL CORD									
Art Unit	1649			Examiner	S. N. MacFarlane				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
	_		<u>Fee</u>	Small Entity Fee					
	One month (37	CFR 1.17(a)(1))	\$120	\$60	\$				
	Two months (3	7 CFR 1.17(a)(2))	\$460	\$230	\$				
	Three months	(37 CFR 1.17(a)(3))	\$1050	\$525	\$				
	Four months (3	37 CFR 1.17(a)(4))	\$1640	\$820	\$				
7	Five months (3	7 CFR 1.17(a)(5))	\$2230	\$1115	\$1,115.00_				
X Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 . I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form.									
Provide credit card information and authorization on PTO-2038. I am the applicant/inventor									
applicant inventer.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
	X attorne	ey or agent of record. Re	gistration Number	40,212	<u> </u>				
	attorne	ey or agent under 37 CFF	R 1.34.						
Registration number if acting under 37 CFR 1.34									
	/Jol	nn R. Van Amsterdam/	September 4, 2008						
		Signature	Date						
		nn R. Van Amsterdam	617.646.8000						
Typed or printed name Telephone Number									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
	Total of	forms are sub	mitted.						

Certificate	of Electronic	Filing I	Inder 37	CER 13
Certificate	OI Electionic	rining (Jiluei 31	CIR I.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: September 4, 2008 Signature: /Sylvana Householder/